



## Accident Insurance

### Basic Plan

Nobody expects an accident to happen. But if it does, your main focus should be on recovery, not how you're going to pay your bills. Colonial Life accident insurance provides benefits directly to you to use however you like – from medical costs to everyday expenses. Whether it's a fall or a car accident, your benefits offer support when you need it.

#### OUR COVERAGE INCLUDES:

- Benefits payable directly to you
- No medical questions to qualify for coverage
- Coverage for simple and complex injuries
- Benefits payable, regardless of other insurance payments
- Worldwide coverage
- Keep coverage no matter where you go
- Works alongside your health savings account (HSA)

All of this can help with unexpected accidents.



Milo was running on the playground when he tripped and injured his hand.



#### URGENT CARE CENTER VISIT

Milo went to an urgent care center and received immediate care.



#### DIAGNOSTIC PROCEDURE

The doctor ordered an X-ray and discovered Milo had fractured his hand.



#### LACERATION

The doctor also found that Milo had a cut on his hand.



#### MEDICAL EQUIPMENT

Milo was discharged with a splint.



#### DOCTOR'S OFFICE VISIT

Over the next several weeks, he had three follow-up appointments with his doctor.

#### MILO'S BENEFITS

With Colonial Life accident benefits, Milo's parents were able to pay the annual deductible and co-payments.

Accident emergency treatment	\$100
X-ray	\$40
Laceration (no stitches)	\$30
Fracture (hand)	\$400
Medical equipment (splint)	\$40
Accident follow-up treatment (3 visits)	\$135

**Total: \$745**

*For illustrative purposes only.*

Benefit amounts may vary and may not cover all expenses. The policy has exclusions and limitations.

# Olivia was driving to the store when she got into a car accident.



## AMBULANCE AND EMERGENCY ROOM VISIT

Olivia arrived by ambulance to the nearest emergency room and received immediate care.



## DIAGNOSTIC PROCEDURES

The doctor ordered an X-ray and discovered Olivia had fractured her thigh (femur). He also ordered a CT scan of her head to check for brain injury.



## HOSPITAL ADMISSION, CONFINEMENT AND SURGERY

Olivia was admitted to the hospital for surgery on her leg. She was confined for three days.



## PHYSICAL THERAPY

Olivia had eight sessions of physical therapy to help regain the strength in her leg.



## DOCTOR'S OFFICE VISITS

Over the next several weeks, she had six follow-up appointments with her doctor.

OLIVIA'S BENEFITS	
Olivia's accident benefits helped cover her annual deductible and co-payments.	
Ambulance	\$200
Accidental injury due to an automobile accident	\$250
Accident emergency treatment	\$100
X-ray	\$40
Medical imaging study (CT)	\$200
Hospital admission	\$1,250
Hospital confinement (3 days)	\$750
Thigh fracture – femur (surgical)	\$3,600
Surgery (exploratory/arthroscopic)	\$250
Medical equipment (crutches)	\$100
Accident follow-up treatment (6 visits)	\$270
Physical therapy (8 days)	\$240
<b>Total: \$7,250</b>	

Benefits are per covered person per covered accident unless stated otherwise.

### INITIAL CARE

Accident emergency treatment	\$100
Hospital emergency room, urgent care facility or physician's office	
Accidental injury due to an automobile accident	\$250
Air ambulance <sup>1</sup>	\$1,600
Ambulance <sup>1</sup> – ground or water	\$200
Observation room (up to two days per calendar year)	\$175 per day
X-ray	\$40

### COMMON ACCIDENTAL INJURIES

Burn (based on size and degree)	\$1,000 – \$12,000
Burn – skin graft	50% of applicable burn benefit
Coma – Due to Traumatic Brain Injury (lasting for seven or more consecutive days) (diagnosed as a total rating of 8 or less on the Glasgow Coma Scale)	\$12,500
Concussion	\$100
Dislocation – separated joint	
■ Non-surgical – repair	\$100 – \$2,250
Incomplete dislocation – or dislocation without anesthesia	25% of benefit
Examples: elbow: \$500   ankle: \$1,000   knee: \$1,250   hip: \$2,250	
■ Surgical – repair	\$200 – \$4,500
Examples: elbow: \$1,000   ankle: \$2,000   knee: \$2,500   hip: \$4,500	
Emergency dental work	\$50 – \$200
Dental extraction or dental crown, denture or implant	
Eye injury – with surgical repair or removal of a foreign object	\$250
Fracture – complete	
■ Non-surgical – repair	\$275 – \$3,000
Chip fracture	25% of benefit
Examples: hand: \$400   foot: \$400   collarbone: \$625   leg: \$875	
■ Surgical – repair	\$550 – \$6,000
Examples: hand: \$800   foot: \$800   collarbone: \$1,250   leg: \$1,750	
Hearing-loss injuries <sup>2</sup>	\$140
Knee cartilage – torn (with surgical repair)	\$600
Laceration (based on repair and length)	\$30 – \$625
Ruptured disc (with surgical repair)	\$600
Tendon/ligament/rotator cuff (with surgical repair)	
■ One	\$600
■ Two or more	\$1,200

### HOSPITAL CARE

Hospital admission	\$1,250
Hospital confinement (up to 365 days)	\$250 per day
Hospital sub-acute intensive care unit confinement (up to 30 days)	\$350 per day
Intensive care unit admission	\$1,750
Intensive care unit confinement (up to 15 days)	\$450 per day

### SURGICAL CARE

Blood/plasma/platelets – transfusion	\$400
Surgery (based on type of repair and surgery)	\$225 – \$1,200

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## TRANSPORTATION & LODGING

Transportation for hospital confinement ..... (up to three round trips, 50+ miles from home)	\$500 per round trip
Lodging – companion (up to 30 days) .....	\$125 per day

## FOLLOW-UP CARE

Accident follow-up treatment – including transportation/telemedicine ..... (up to six benefits per covered person per covered accident and up to 12 benefits per covered person per calendar year)	\$45
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### Medical equipment

■ Tier 1 ..... (Arm sling, cane, medical ring cushion, neck brace or wrist/ankle splint)	\$40
■ Tier 2 ..... (Bedside commode, cold therapy system (cryotherapy), crutches, leg brace, shower chair, walker or walking boot)	\$100
■ Tier 3 ..... (Back brace, body jacket, continuous passive movement (CPM), halo, electric scooter, hospital bed (including rental), knee scooter, stair lift chair, wheelchair)	\$200

Medical imaging study – CT, CAT scan, EEG, EMG, MR or MRI ..... (one per calendar year)	\$200
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Pain management for epidural anesthesia – non-surgical .....	\$125
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Post-traumatic stress disorder (PTSD) .....	\$250
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### Prosthetic device/artificial limb

■ One .....	\$600	■ More than one .....	\$1,200
■ Repair/replacement <sup>3</sup> .....			\$300/\$600

Rehabilitation unit confinement ..... (up to 15 days, not to exceed 30 days per calendar year)	\$125 per day
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Therapy – occupational, physical or speech (up to ten days) .....	\$30 per day
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## ACCIDENTAL DISMEMBERMENT

Accidental dismemberment .....	\$750 - \$35,000
■ Loss, loss of use or paralysis – hand, arm, foot, leg, sight of eye	
■ Loss, loss of use – finger, toe, partial dismemberment of finger or toe	

## ACCIDENTAL DEATH

### Accidental death

■ Named insured, spouse .....	\$25,000
■ Child .....	\$5,000

### Accidental death common carrier

Examples of common carriers are mass transit trains, buses and planes

■ Named insured, spouse .....	\$100,000
■ Child .....	\$15,000



For more information,  
talk with your  
benefits counselor.



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- 1 We will pay this benefit directly to the provider unless the air ambulance or ambulance bill shows that all charges have been paid in full.
- 2 One benefit for each injured ear per covered person per lifetime.
- 3 One repair or replacement per prosthetic device/artificial limb per covered person per lifetime.

**HEALTH SAVINGS ACCOUNT (HSA) COMPATIBLE**

This plan is compatible with HSA guidelines and any other HSA plan in which a covered family member may participate. It may also be offered to employees who do not have HSAs.

THIS POLICY PROVIDES LIMITED BENEFITS.

**EXCLUSIONS**

We will not pay benefits for losses that are caused by or occur as the result of a covered person's felonies or illegal occupations, hazardous avocations, racing, semi-professional or professional sports, sickness, suicide or injuries which any covered person intentionally does to himself, war or armed conflict.

This information is not intended to be a complete description of the insurance coverage available. The policy has exclusions and limitations which may affect any benefits payable. Applicable to policy form IAC4000-CA. For cost and complete details of coverage, call or write your Colonial Life benefits counselor or the company.

CA LIC#: \_\_\_\_\_



# Accident Insurance

## Wellbeing Assistance Standard (Not accident-based) Benefit



For more information,  
talk with your  
benefits counselor.

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This benefit can help pay for routine preventive tests and services.

**Wellbeing assistance standard (Not accident-based)** ..... \$\_\_\_\_\_

Payable once per covered person per calendar year; subject to a 30-day waiting period.

- Any cervical cancer screening tests (approved by the federal FDA, upon the referral of the insured's health care provider)
- Any generally accepted cancer screening test not listed
- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- Carotid Doppler
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Echocardiogram (ECHO)
- Electrocardiogram (EKG, ECG)
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Human papillomavirus screening test
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test for HDL and LDL levels
- Serum protein electrophoresis (blood test for myeloma)
- Skin cancer biopsy
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep pap test
- Virtual colonoscopy

**THIS POLICY PROVIDES LIMITED BENEFITS.**

Insureds in CA must be covered by comprehensive health insurance before applying for individual accident coverage that includes Wellbeing Assistance benefits.

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CA LIC#: \_\_\_\_\_

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